

Exhibit 6

Proof of Claim

B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____		PROOF OF CLAIM
Name of Debtor: HAMECOMINGS GMAC	Case Number: 8738	NOV - 8 2012
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): JESSICA ANGEL QUIROZ		COURT USE ONLY
Name and address where notices should be sent: RAMON QUIROZ 89-37 METROPOLITAN AVE REGO PARK N.Y. 11374		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Telephone number: _____ email: _____		
Name and address where payment should be sent (if different from above): RAMON QUIROZ 89-37 METROPOLITAN AVE REGO PARK N.Y. 11374 Telephone number: 718-215-2192 email: RAYORLANDO16@HOTMAIL.COM		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: <u>\$ 72,000 PLUS INTEREST</u>		
If all or part of the claim is secured, complete item 4.		
If all or part of the claim is entitled to priority, complete item 5.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: _____ (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>3913</u>	3a. Debtor may have scheduled account as: <u>GMAC</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ <u>400,000</u> Annual Interest Rate <u>5.5%</u> <input type="checkbox"/> Fixed or <input checked="" type="checkbox"/> Variable (when case was filed) Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>522,000</u>		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <input checked="" type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(). Amount entitled to priority: <u>\$ 72,000</u> <u>PLUS INTEREST</u> <u>FROM 10/01/2005</u>		
*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		



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B 10 (Official Form 10) (12/11)

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7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

RECEIVED

NOV 15 2012

8. Signature: (See instruction #8)

KURTZMAN CARSON CONSULTANTS

Check the appropriate box.

- ☐ I am the creditor. ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: RAMON QUIROZ

Title: _____

Company: _____

Address and telephone number (if different from notice address above):

89-37 METROPOLITAN AVE
REGO PARK, NY 11374

Telephone number: 718-275-2192 email: RAMONLANDOLVO@HOTMAIL.COM

Ramon Quiroz NOV. 7, 2012
(Signature) (Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

----- X
:
In re: : Chapter 11
:
Residential Capital LLC, et al., : Case No. 12-12020 (MG)
:
Debtors. : Jointly Administered
:
----- X

**NOTICE OF ESTABLISHMENT OF AN
INFORMAL CREDITORS' COMMITTEE WEBSITE AND
EMAIL ADDRESS FOR GENERAL UNSECURED CREDITOR INQUIRIES**

PLEASE TAKE NOTICE OF THE FOLLOWING:

1. On May 14, 2012, the above-captioned debtors and debtors-in-possession (the "**Debtors**") filed voluntary petitions for relief under chapter 11 of title 11 of the United States Code (the "**Bankruptcy Code**") commencing these chapter 11 cases (the "**Chapter 11 Cases**").
2. On October 4, 2012, the United States Bankruptcy Court for the Southern District of New York entered an order (the "**Order**") authorizing the Official Committee of Unsecured Creditors (the "**Committee**") in these Chapter 11 Cases to establish a website and email address for the purposes of providing general information concerning these Chapter 11 Cases in compliance with section 1102(b)(3)(A) of the Bankruptcy Code.
3. Unsecured creditors are referred to www.rescapcommittee.com for certain non-confidential and non-privileged information regarding these Chapter 11 Cases. In addition, unsecured creditors may direct any specific case inquiries to rescapcommittee@epiqsystems.com.

Dated: October 9, 2012
New York, New York

BY ORDER OF THE COURT

Epiq Bankruptcy Solutions, LLC
PO Box 4470
Beaverton, OR 97005

Legal Documents Enclosed -
Please direct to the attention
of the Addressee,
Legal Department or President

Address Service Requested
11,272



RES CREDCOMNTC 10-11-2012 (IMPORT3\CMTRX,WHEREENUM)
*****204626***** BAR(23) MAIL ID *** 000064650150 ***

RAMON QUIROZ HELEN QUIROZ JESSICA ANGEL QUIROZ
V US BANK NTNL ASSOC AS TRUSTEE NEW CENTURY
MORTGAGE ET AL
8937 METROPOLITAN AVE
REGO PARK NY 11374

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Homecomings Financial
(NOT A PAYMENT ADDRESS)
P.O. Box 890036
Dallas TX 75389

EXHIBIT #1

Homecomings Financial

A GMAC Company

www.homecomings.com

#BWNFNZY
#ZSRYXVXWRX3#

0001458 000103321 07HFT2 PA

Jessica Quiroz
Helen Quiroz
8937 Metropolitan Ave
Rego Park NY 11374-5325

|||||

CUSTOMER INFORMATION

Loan Number: 8738

Borrower: Jessica Quiroz
Co-Borrower: Helen Quiroz
Property Address: 8937 Metropolitan Ave
Rego Park NY 11374

Home Phone #: 718-711-3752
Work Phone #1: 718-711-3357
Work Phone #2: 718-631-3500

Please use the form on the back of the coupon to update this information.

CURRENT ACCOUNT DETAILS

Mortgage Amount(s) Due
Interest
Monthly Escrow Installment

2,392.50
231.30

Information About Your Account

Per your Note, your loan payment is interest only.

INFORMATION ABOUT YOUR PROPERTY TAXES

We are currently collecting funds in your escrow account for the payment of your real estate property taxes. You may be receiving your real estate tax bill directly from your tax collector. If you receive a bill, please write your loan number on the bill and forward the original to Homecomings Financial, P.O. Box 890037, Dallas, TX 75389 (be sure to make a copy for your records).

IMPORTANT YEAR-END TAX REPORTING INFORMATION

Your Form 1098 for the year 2005 was mailed to you before January 31, 2006. The information provided in that Form 1098 was only for the period of time we serviced your loan in 2005. If for some reason you do not have the form available, the information is being provided again below. This information is also available on our website at www.homecomings.com. The IRS does not require taxpayers to submit the Form 1098 with their tax return.

Mortgage interest paid in 2005: \$9,570.00
Mortgage interest reported to the IRS for 2005: \$ 570.00
~~Taxes disbursed from your escrow account in 2005: \$2,096.00~~
Interest credited to your escrow account in 2005: \$1.60

MORTGAGE ACCOUNT SUMMARY

Payment Due Date: 05/01/06
Statement Date: 04/04/06
Account Information as of 04/04/06
Current Principal Balance * 522,000.00
Current Escrow Balance 730.15
Year to Date Interest 9,570.00
Interest Rate: 5.500%

PRIOR PERIOD ACTIVITY

Activity from 03/09/06 to 04/04/06
03/31/06 Interest credit to escrow account .74
04/03/06 04/01/06 Payment: 2,392.50 interest, 231.30 escrow 2,623.80
04/03/06 Speed Draft Fee 8.99

Make same-day mortgage
payments with your ATM/Debit card.
Call 1.800.206.2901 or visit
www.homecomings.com

Like
Coming
Home

*The Current Principal Balance does not reflect the total amount required to pay your loan in full.

Pay online: www.homecomings.com

*04/06/06

Check more the complete form on reverse side if
your address or other information has changed

PLEASE INCLUDE LOAN NUMBER(S) ON YOUR CHECK

Homecomings Financial
P.O. Box 8426
Phoenix AZ 85062-8426

Loan Number: 8738
Payment Due 05/01/06

Jessica Quiroz

Total Amount Due 2,623.80

Homecomings Financial
(NOT A PAYMENT ADDRESS)
P.O. Box 890036
Dallas TX 75389

EXHIBIT #2

Homecomings Financial
A GMAC Company

www.homecomings.com

#BWNPNYZ
#ZSRVXVXWRX3#

0135724 00000440 09HST 0932710 PA
Jessica Quiroz
Helen Quiroz
8937 Metropolitan Ave
Reno Park NY 11374-5325
|||||

CUSTOMER INFORMATION

Loan Number: 3738
Borrower: Jessica Quiroz
Co-Borrower: Helen Quiroz
Property Address: 8937 Metropolitan Ave
Reno Park NY 11374
Home Phone #: 718-715-1752
Work Phone #1: 718-709-3357
Work Phone #2: 718-551-3500

Please use the form on the back of the comparison to update this information.

This is an attempt to collect on a debt and any information obtained will be used for that purpose. If you have been discharged of your personal liability for repayment of this debt, be advised that any action we may take will be taken against the property only and not against you personally.

CURRENT ACCOUNT DETAILS

Mortgage Amount(s) Due

Interest

Monthly Escrow Installment

2,392.50
668.76

Information About Your Account

Per your Note, your loan payment is interest only.

IMPORTANT YEAR-END TAX REPORTING INFORMATION

Your Form 1098 for the year 2006 was mailed to you before January 31, 2007. The information provided in that Form 1098 was only for the period of time we serviced your loan in 2006. If for some reason you do not have the form available, the information is being provided again below. This information is also available on our website at www.homecomings.com. The IRS does not require taxpayers to submit the Form 1098 with their tax return.

Mortgage interest paid in 2006: \$28,710.00.
Mortgage interest reported to the IRS for 2006: \$28,710.00.
Taxes disbursed on your behalf in 2006: \$2,726.23
Interest credited to your escrow account in 2006: \$2.34

THINK OF US AS YOUR PERSONAL MORTGAGE LENDER

Our aim is to provide you with personalized, relevant financial solutions tailored to your specific needs. Call us toll-free at 1.877.695.3633 (1.877.MyLender).

MORTGAGE ACCOUNT SUMMARY

Payment Due Date: 03/01/07
Statement Date: 02/27/07
Account Information as of 02/27/07
Current Principal Balance: \$22,000.00
Current Escrow Balance: 1,137.49
Year to Date Interest: 4,785.00
Interest Rate: 5.500%

PRIOR PERIOD ACTIVITY

Activity from 02/23/07 to 02/27/07
02/27/07 02/01/07 Payment: 2,392.50 Interest, 668.76
escrow, 47.85 late charge(s) 3,109.11
02/27/07 Speed Draft Fee 8.99

Make same-day mortgage
payments with your ATM/Debit card.
Call 1.800.206.2901 or visit
www.homecomings.com.

Like
Coming
Home

*The Current Principal Balance does not reflect the total amount required to pay your loan in full.
Please call 1.800.206.2901 to obtain the payoff amount for your loan.

Pay online: www.homecomings.com

Check both sides carefully. Return to sender with
your address or other information has changed.

PLEASE INCLUDE LOAN NUMBER(S) ON YOUR CHECK

Homecomings Financial
P.O. Box 78426
Phoenix, AZ 85062-8426

Loan Number: 3738
Payment Due 03/01/07
Total Amount Due

Jessica Quiroz

Homecomings Financial

AGMAC Company
PO Box 205
Waterloo, IA 50704-0205

EXHIBIT #3

07/06/07

JESSICA QUIROZ
HELEN QUIROZ
8937 METROPOLITAN AVE

REGO PARK NY 11374

RE: Account Number [REDACTED] 8738
Property Address 8937 METROPOLITAN AVE

REGO PARK NY 11374

Dear JESSICA QUIROZ
HELEN QUIROZ

****IMPORTANT NOTICE REGARDING INTEREST RATE AND/OR
INTEREST ONLY PAYMENT CHANGES****

The interest rate on your loan is scheduled to adjust on
08/01/07. Your new interest-only payment will begin effective
with the 09/01/07 payment.

Projected principal balance after 08/01/07 payment \$ 522000.00

Previous index value	0.00000%	New index value	5.38600%
Current interest rate	5.50000%	New interest rate	7.00000%
Curr int-only pmt \$	3205.53^	New int-only pmt \$	3045.00
Margin	5.55000%	Escrow*	\$ 668.76

Total pmt \$ 3713.76

*Subject to change if analysis occurs after the date of this
letter.

Your new interest rate is calculated by adding the margin to the
new index value, as defined in your mortgage documents. The
result of this addition is subject to rounding and rate cap
limitations according to the terms of your mortgage documents.

PLEASE NOTE: If you make additional principal payments prior to
the 09/01/07 payment change, your monthly payment will be
adjusted accordingly.

A Mortgage Account Statement will be sent under separate cover.
If your payments are made through our automatic payment program,
your new payment amount will be deducted on your scheduled draft
date.

PO Box 205
Waterloo IA 50704-0205

Homecomings Financial
A GMAC Company

January 8, 2009

JESSICA QUIROZ
HELEN QUIROZ
8937 METROPOLITAN AVE
REGO PARK NY 11374

RE: Account Number [REDACTED] 8738
Property Address 8937 METROPOLITAN AVE
REGO PARK NY 11374

****IMPORTANT NOTICE REGARDING INTEREST RATE AND/OR INTEREST
ONLY PAYMENT CHANGES****

The interest rate on your loan is scheduled to adjust on 2/1/2009. Your new interest-only payment will begin effective with the 3/1/2009 payment.

Projected principal balance after 2/1/2009 payment \$ 522000.00

Previous Index Value	3.1080%	New Index Value	1.7500%
Current Interest Rate	8.6250%	New Interest Rate	7.2500%
Current Int-only Pmt	\$3751.88	New Int-only pmt	\$3153.75
Margin	5.5500%	Escrow*	\$ 668.76
		Total Pmt	\$3822.51

Rate Next Change Date 8/1/2009
Principal and Interest Next Change 9/1/2009

*Subject to change if analysis occurs after the date of this letter.
Your new interest rate is calculated by adding the margin to the new index value, as defined in your mortgage documents. The result of this addition is subject to rounding and rate cap limitations according to the terms of your mortgage documents.

PLEASE NOTE: If you make additional principal payments, your monthly payment may be adjusted depending on the terms of your mortgage documents.
A Mortgage Account Statement will be sent under separate cover. If your payments are made through our automatic payment program, your new payment amount will be deducted on your scheduled draft date.

PO Box 205
Waterloo IA 50704-0205

Homecomings Financial

July 9, 2008

JESSICA QUIROZ
HELEN QUIROZ
8937 METROPOLITAN AVE
REGO PARK NY 11374

RE: Account Number [REDACTED] 8738
Property Address 8937 METROPOLITAN AVE
REGO PARK NY 11374

****IMPORTANT NOTICE REGARDING INTEREST RATE AND/OR INTEREST ONLY
PAYMENT CHANGES****

The interest rate on your loan is scheduled to adjust on 8/1/2008. Your new interest-only payment will begin effective with the 9/1/2008 payment.

Projected principal balance after 8/1/2008 payment \$ 522000.00

Previous Index Value	4.5960%	New Index Value	3.1080%
Current Interest Rate	8.5000%	New Interest Rate	8.6250%
Current Int-only Pmt	\$3697.50	New Int-only pmt	\$3751.88
Margin	5.5500%	Escrow*	\$ 668.76
		Total Pmt	\$4420.64

Rate Next Change Date 2/1/2009
Principal and Interest Next Change 3/1/2009

*Subject to change if analysis occurs after the date of this letter.

Your new interest rate is calculated by adding the margin to the new index value, as defined in your mortgage documents. The result of this addition is subject to rounding and rate cap limitations according to the terms of your mortgage documents.

PLEASE NOTE: If you make additional principal payments, your monthly payment may be adjusted depending on the terms of your mortgage documents.

A Mortgage Account Statement will be sent under separate cover. If your payments are made through our automatic payment program, your new payment amount will be deducted on your scheduled draft date.

Account Number [REDACTED] 9145

Property address
89 37 Metropolitan Ave.

Home loan overview

Principal Balance \$44,809.04

0047677 01 AT 0.371 **AUTO T2 2 1093 11374-5325
MSR L1 AG 0101-----0--2--- C0000060 IN 1 P47724

JESSICA ANGEL QUIROZ
8937 Metropolitan Ave
Rego Park NY 11374-5325



IMPORTANT NOTICE

Bank of America, N.A. services your home loan on behalf of the holder of your note (Noteholder). This is to advise you that your account remains seriously delinquent.

If we do not hear from you immediately, we will have no alternative but to take appropriate action to protect the interest of the Noteholder in your property. This action may include returning payments that are less than the Total payments due to bring loan current.

Please give this matter your most urgent attention. Please send the amount due with the coupon below immediately. Additional amounts may become past due. Bank of America, N.A. will proceed with collection action until your account is brought fully current, and you will be responsible for all costs incurred in this process to the full extent permitted by law.

Please remember that the automatic payment of your home loan cannot occur if your payments are delinquent. If your loan is not brought current prior to your next scheduled payment debit date, Bank of America, N.A. will not automatically debit your bank account to make your home loan payment. In such cases, you will need to send your payment directly to Bank of America, N.A..

Note to Delaware Residents: Delaware residents who are struggling with their mortgage payments will find information on state-supported assistance by visiting www.deforeclosurehelp.org.

If you are unable to bring your account current, please contact us at 1.800.399.1762.

Sincerely,
LOAN SERVICING
Loan Counselor

Payments and amounts due summary

Current payment due on 11/12/2012 as of 10/31/2012

Principal and/or interest payment \$497.79
Payment due on 11/12/2012 \$497.79

Late charge of \$9.96 if payment received after 11/27/2012

Total payments due to bring loan current†

Principal and interest payments due (past and current) \$30,862.98
Total \$30,862.98

Total payments and amounts due

Payments past due (incl. opt. prod. as applies) \$30,365.19
Current payment due on 11/12/2012 \$497.79
Outstanding late charges \$19.92
Fees due \$450.00
Total \$31,332.90

†For more information, please see the Other Important Information section of this statement.

You can make your payment:

- By automatic draft payment using PayPlan
- Online at www.bankofamerica.com
- By phone - call 1.800.669.6607
- At any Bank of America Banking Center
- By mail using the enclosed envelope
 - Make your check payable to Bank of America, N.A.
 - Please write your loan number on the check or money order
 - Include this payment coupon with your check (do not staple your check to the coupon)
 - Please do not send cash or include correspondence

Loan Number [REDACTED] 9145
Jessica Angel Quiroz
89 37 Metropolitan Ave.
Rego Park, NY 11374

(0)

Payment due Nov 12, 2012

*\$497.79

If payment received after Nov 27, 2012

\$507.75

* "Payment due" does not include any past due payments, outstanding late charges or fees due.

Bank of America, N.A.
PO BOX 15222
WILMINGTON, DE 19886-5222



[REDACTED] 9145000000049779000050775

[REDACTED] 9145

914500000049779000050775

200725117 ANSWER (Page 14 of 15)

Homecomings Financial

EXHIBIT #5

Prepared for: JESSICA A QUIROZ

October 2007 Statement
Credit Line: \$15,000.00
Cash or Credit Available: \$335.68

FIA CARD SERVICES™

Account Information

Summary of Transactions

Previous Balance	\$14,535.20
Payments and Credits	\$394.00
Cash Advances	\$0.00
Purchases and Adjustments	\$0.00
Periodic Rate Finance Charges	\$222.62
Transaction Fee Finance Charges	\$0.00
New Balance Total	\$14,364.02

Billing Cycle and Payment Information

Days in Billing Cycle	28
Closing Date	10/05/07
Payment Due Date	10/30/07
Current Payment Due	\$364.00
Past Due Amount	\$0.00
Total Minimum Payment Due	\$335.68

Customer Service

For information on Your Account Visit
www.fiacardservices.com

Mail Payments to:
FIA CARD SERVICES
P.O. BOX 15721
WILMINGTON, DE 19886-5721

Mail Billing Inquiries to:
FIA CARD SERVICES
P.O. BOX 15026
WILMINGTON, DE 19850-6026

Call toll-free 1-800-362-6299
TDD hearing-impaired 1-800-346-3178

Transactions

Payments and Credits	Posting Date	Transaction Date	Reference Number	Account Number	Category	Amount
PAYMENT-THANK YOU	09/28					\$394.00 CR

PAYDOWN YOUR MORTGAGE WITH
THE HOMECOMINGS FINANCIAL
EQUITY REWARDS PROGRAM
0 POINTS EARNED THIS MONTH
132 TOTAL POINTS AVAILABLE
2,500 POINTS REDEMPTED THIS MONTH

Finance Charge Schedule

Category	Periodic Rate	Corresponding Annual Percentage Rate	Balance Subject to Finance Charge
Cash Advances			
A. Balance Transfers, Checks	0.043808% DLY	15.99%	\$0.00
B. ATM, Bank	0.054787% DLY	19.99%	\$14,529.76
C. Purchases	0.043808% DLY	15.99%	\$0.02
Annual Percentage Rate for this Billing Period:			19.99%
(Includes Periodic Rate Finance Charges and Transaction Fee Finance Charges.)			

Important Information About Your Account

PAY YOUR BILL QUICKLY WITH THE PAY BY PHONE SERVICE. CALL 1-888-476-7658
TO USE THE AUTOMATED SERVICE OR DISCUSS OTHER PAYMENT OPTIONS.

INTRODUCTORY OFFER! SAVE \$10 ON YOUR FIRST GIFT BOX OF FLORIDA CITRUS FROM
AL'S FAMILY FARMS. VISIT WWW.ENJOYCITRUS.COM OR CALL 1-888-231-2450 DEPT. 115

07

1088

FIA CARD SERVICES
P.O. BOX 15721
WILMINGTON, DE 19886-5721



1 0062485 03679 0406000802 05E111 90810-08

JESSICA A QUIROZ
8937 METROPOLITAN AVE
REGO PARK NY 11374-5325-379

☐ Check here for a charge of mailing address or phone number(s).
Please provide all corrections on the reverse side.

Payment Information

ACCOUNT NUMBER: 1088

NEW BALANCE TOTAL: \$14,364.02

PAYMENT DUE DATE: 10/30/07

TOTAL MINIMUM
PAYMENT DUE
\$335.68

Enter Payment Amount (Entered)

\$

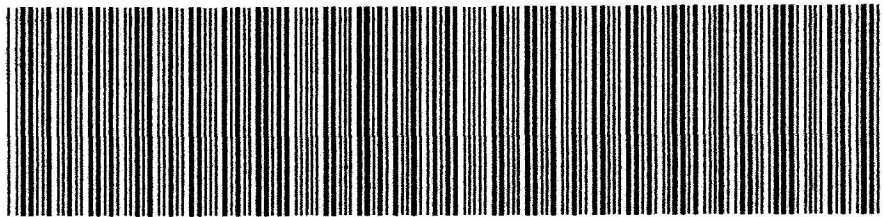
Mail this payment coupon along with a
check or money order payable to: FIA CARD SERVICES

15240222501

1088

**NYC DEPARTMENT OF FINANCE
OFFICE OF THE CITY REGISTER**

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2012040300583002001EBAC4

RECORDING AND ENDORSEMENT COVER PAGE

PAGE 1 OF 14

Document ID: 2012040300583002

Document Date: 04-01-2012

Preparation Date: 04-03-2012

Document Type: POWER OF ATTORNEY

Document Page Count: 13

PRESENTER:

JESSICA ANGEL QUIROZ
8937 METROPOLITAN AVE
REGO PARK, NY 11374
347-876-8759
rayorlando1@hotmail.com

RETURN TO:

JESSICA ANGEL QUIROZ
8937 METROPOLITAN AVE
REGO PARK, NY 11374
347-876-8759
rayorlando1@hotmail.com

PROPERTY DATA

Borough	Block	Lot	Unit	Address
QUEENS	3176	13	Entire Lot	8937 METROPOLITAN AVE
Property Type: DWELLING ONLY - 1 FAMILY				

CROSS REFERENCE DATA

CRFN _____ or Document ID _____ or _____ Year _____ Reel _____ Page _____ or File Number _____

PARTIES

PARTY ONE:

JESSICA A. QUIROZ
8937 METROPOLITAN AVE
REGO PARK, NY 11374

PARTY TWO:

RAMON QUIROZ
8937 METROPOLITAN AVE
REGO PARK, NY 11374

FEES AND TAXES

Mortgage

Mortgage Amount: \$ 0.00

Taxable Mortgage Amount: \$ 0.00

Exemption: \$ 0.00

TAXES: County (Basic): \$ 0.00

City (Additional): \$ 0.00

Spec (Additional): \$ 0.00

TASF: \$ 0.00

MTA: \$ 0.00

NYCTA: \$ 0.00

Additional MRT: \$ 0.00

TOTAL: \$ 0.00

Recording Fee: \$ 102.00

Affidavit Fee: \$ 0.00

Filing Fee:

\$ 0.00

NYC Real Property Transfer Tax:

\$ 0.00

NYS Real Estate Transfer Tax:

\$ 0.00

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OF THE CITY REGISTER OF THE
CITY OF NEW YORK**

Recorded/Filed 05-03-2012 14:28

City Register File No.(CRFN):

2012000176548

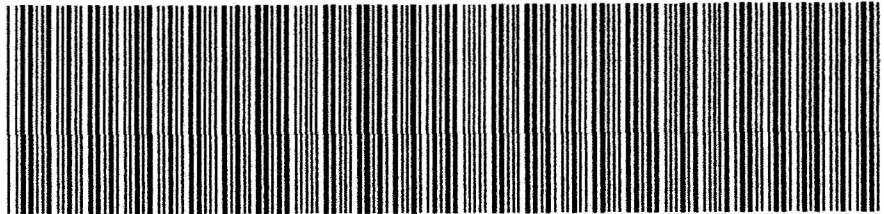


Annette McMill

City Register Official Signature

**NYC DEPARTMENT OF FINANCE
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RECORDING AND ENDORSEMENT COVER PAGE

PAGE 1 OF 5

Document ID: 2012040300583001

Document Date: 04-03-2012

Preparation Date: 04-19-2012

Document Type: DEED

Document Page Count: 3

PRESENTER:

JESSICA ANGEL QUIROZ
8937 METROPOLITAN AVE
REGO PARK, NY 11374
347-876-8759
rayorlando1@hotmail.com

RETURN TO:

JESSICA ANGEL QUIROZ
8937 METROPOLITAN AVE
REGO PARK, NY 11374
347-876-8759
rayorlando1@hotmail.com

PROPERTY DATA

Borough	Block	Lot	Unit	Address
QUEENS	3176	13	Entire Lot	8937 METROPOLITAN AVE
Property Type: DWELLING ONLY - 1 FAMILY				

CROSS REFERENCE DATA

CRFN _____ or Document ID _____ or _____ Year _____ Reel _____ Page _____ or File Number _____

PARTIES

GRANTOR/SELLER:

HELEN QUIROZ, DECEASED
8937 METROPOLITAN AVE
REGO PARK, NY 11374

GRANTEE/BUYER:

RAMON QUIROZ
8937 METROPOLITAN AVE
REGO PARK, NY 11374

☒ Additional Parties Listed on Continuation Page

FEES AND TAXES

Mortgage		Filing Fee:	
Mortgage Amount:	\$ 0.00	\$	125.00
Taxable Mortgage Amount:	\$ 0.00	NYC Real Property Transfer Tax:	
Exemption:		\$	0.00
TAXES: County (Basic):	\$ 0.00	NYS Real Estate Transfer Tax:	
City (Additional):	\$ 0.00	\$	0.00
Spec (Additional):	\$ 0.00		
TASF:	\$ 0.00		
MTA:	\$ 0.00		
NYCTA:	\$ 0.00		
Additional MRT:	\$ 0.00		
TOTAL:	\$ 0.00		
Recording Fee:	\$ 52.00		
Affidavit Fee:	\$ 0.00		

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City Register File No.(CRFN):

2012000176547



Annette McMill

City Register Official Signature

1. DECEDENT'S LEGAL NAME HELEN QUIROZ
 (First, Middle, Last)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	Place Of Death 2a. New York City 2b. Borough Queens	2c. Type of Place 1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input checked="" type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	2d. Any Hospice care in last 30 days 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address) 8937 Metropolitan Avenue Rego Park, New York 11374	
	Date and Time of Death 3a. (Month) (Day) (Year-yyyy) February 20 2012 3b. Time 07:45 4. Sex Female 5. Date last attended by a Physician mm dd yyyy 02 20 2012	6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.				
PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City, Burial, by Physician)	Name of Physician Margaret Squillace MD (Type or Print) Address 1740 Eastchester Road, Bronx, New York 10461		Signature <i>Margaret Squillace</i> Signature Electronically Authenticated License No. 176231 Date FEB-21-2012			
	7a. Usual Residence State New York	7b. County Queens	7c. City or Town Rego Park	7d. Street and Number 89-37 Metropolitan Avenue	Apt. No. ZIP Code 11374	
	8. Date of Birth (Month) (Day) (Year-yyyy) June 21	9. Age at last birthday (years) 1	10. Social Security No. 913		7e. Inside City Limits? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	
	11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") Office Manager		11b. Kind of business or industry Fund Raising		12. Aliases or AKAs	
	13. Birthplace (City & State or Foreign Country) Brooklyn, New York		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less; none 2 <input type="checkbox"/> 9th - 12th grade; no diploma 3 <input checked="" type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			
	15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	16. Marital/Partnership Status at time of death 1 <input checked="" type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify		17. Surviving Spouse's/Partner's Name (if wife, name prior to first marriage) (First, Middle, Last) Ramon Quiroz		
	18. Father's Name (First, Middle, Last) Peter Kazane		19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) Rose Damone			
	20a. Informant's Name Janel Quiroz		20b. Relationship to Decedent Daughter		20c. Address (Street and Number Apt. No. City & State ZIP Code) 89-37 Metropolitan Avenue, Rego Park, New York 11374	
	21a. Method of Disposition 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other, Specify		21b. Place of Disposition (Name of cemetery, crematory, other place) Saint John's Cemetery			
	21c. Location of Disposition (City & State or Foreign Country) Middle Village, New York		21d. Date of Disposition mm dd yyyy 02 25 2012			
22a. Funeral Establishment Fox Funeral Home, Inc.		22b. Address (Street and Number City & State ZIP Code) 98-07 Ascan Avenue, Forest Hills, New York 11375				

VR 15 (Rev. 01/09)



This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

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DATE ISSUED February 24, 2012 Order No. 20120216597

Steven P. Schwartz
 Steven P. Schwartz, Ph.D., City Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

U.S BANK- GMAC- STEVEN J. BAUM P.C.
 CAUSED THE DEATH OF MY WIFE HELEN QUIROZ
Ramon Quiroz